

Hilda M. Davis, from assistant in medicine and pediatrics to instructor in medicine and pediatrics.

H. G. Marquez, from assistant in tropical medicine to instructor in tropical medicine.

A. B. Chinn, from assistant in medicine to instructor in medicine.

F. H. Cunha, from voluntary assistant in medicine to instructor in medicine.

F. C. Nass, from assistant in neuropsychiatry to instructor in neuropsychiatry.

A. M. Vollmer, from assistant in obstetrics and gynecology to instructor in obstetrics and gynecology.

Kathleen J. Atkinson, from assistant in medicine to instructor in medicine.

NEW APPOINTMENTS

J. F. Rinehart, assistant professor of pathology.

M. L. Montgomery, assistant professor of surgery.

N. Van Patten, lecturer in medical bibliography.

A. H. Rowe, lecturer in medicine.

A. E. Larsen, instructor in medicine.

F. C. Bost, instructor in orthopedic surgery.

LEAVES OF ABSENCE

R. L. Richards, lecturer in psychiatry, for the year 1931-32.

J. M. D. Olmsted, professor of physiology, from July 1, 1931 to December 31, 1931.

Esther Rosencrantz, associate professor of medicine, from July 1, 1931 to December 31, 1931.

Margaret Schulze, assistant professor of obstetrics and gynecology and pathology, from July 1, 1931 to December 31, 1931.

Annual Meeting of Pacific Association of Railway Surgeons.—The twenty-ninth annual meeting will be held in the Yosemite Valley, August 28-29. Headquarters, Hotel Ahwahnee. Ample accommodations will be afforded also at Camp Curry. A scientific and social program of particular attractiveness has been planned. Four or five chief surgeons of eastern railroads will be in attendance. The largest meeting in the history of the association is anticipated.

The Committee on Scientific Program consists of: Doctors Wallace I. Terry (Chairman), San Francisco; F. O. Butler, Eldridge; E. E. Hamer, Carson City; D. H. Moulton, Chico; and Philip Stephens, Los Angeles.

The Committee on Arrangements: Doctors A. M. Moody (chairman), San Francisco; R. L. Dresel, San Francisco; H. O. Hund, San Rafael; I. S. Ingber, San Francisco; Luther Michael, San Leandro; J. N. Osburn, Los Angeles; and L. E. Phillips, Palo Alto.

For further information, write to the association secretary, Dr. W. T. Cummins, Southern Pacific Hospital, San Francisco.

MEDICAL ECONOMICS

An Announcement to Members and to County Society Committees on Medical Economics

The Committee on Medical Economics of the California Medical Association was created for the purpose of investigating methods by which medical service, including hospitalization, is now being rendered to the people of California.

It was understood that the character of the service and the cost to those furnishing it and to those receiving it, where possible, be ascertained. The reasonable ability of the people to pay for medical service, naturally, is an important feature of the investigation.

There has been much written and many statements made on this subject that are without any factual foundation. There have been many interesting and sometimes fantastic systems proposed as a solution of all the difficulties in rendering adequate medical service to all people.

This committee gives sympathetic consideration to every suggestion made, but insists that assertions be backed by truth-proving facts. Of one thing the com-

mittee is firmly convinced and that is, that the problem of furnishing adequate medical care at a cost that people of moderate means can easily afford varies greatly in different communities within the borders of our own state. This being true the committee urges every county medical society to appoint a local committee to cooperate with the state committee and its subcommittees.

These local committees should investigate and report conditions in their own counties, send reports to the state committee and, above all things, they should refrain from approval of suggested plans until they have been subjected to analytical study and approval by the state society.

This column will be devoted to contributions on the subject, and while the state committee will carefully study every communication, the fact that it is printed here does not mean that the committee either approves or is responsible for it.

JOHN H. GRAVES, M. D.,

Chairman, California Medical Association
Committee on Medical Economics.

Los Angeles County Medical Association Contracts With the Metropolitan Water District

In the editorial column of this issue of CALIFORNIA AND WESTERN MEDICINE, as one of the items under "Comment on This and That" are some remarks on a proposed contract or arrangement entered into between the Los Angeles County Medical Association and the Metropolitan Water District of Southern California for the medical and surgical care of the employees of the latter organization. (See page 52.)

This venture is so unusual that it seems desirable that the account of the proposed plan, as given in the *Bulletin* of the Los Angeles County Medical Association, should be here reprinted. It is as follows:

"The Metropolitan Water District of Southern California, organized under the Metropolitan Water District Act for the purpose of building an aqueduct to bring water from the Colorado River to the coastal plains, includes eleven cities.

"Last February a representative of the district approached us with the request that the Los Angeles County Medical Association supply them with a minimum fee schedule on the basis of which our members would render service to their employees. They planned to collect from every employee a stated sum per month, to be expended for medical and hospital care for sickness and accidents not covered by the industrial compensation act, and decided to give each employee the privilege of selecting his own doctor from the members of the Los Angeles County Medical Association rather than making a contract with any one doctor or group. They stated that many of their employees would be people without means, who under ordinary circumstances would have to be taken care of by the municipal or county organizations or treated by the physician without remuneration. The average rate of pay for all employees of the district is estimated at \$150 per month.

"The Committee on Medical Economics recommended the proposition to the favorable consideration of the Council, which endorsed it in principle, and instructed the Fee Schedule Committee to prepare a schedule to meet the circumstances. After much discussion by the Council and the committees involved, a special committee was appointed to work out the final arrangements. The fee schedule for this work is as follows:

Office visit	\$ 3.00
Residence call	5.00
Mileage beyond two and one-half miles from the physician's office or home (one way) ..	1.25
Local hospital call	5.00
Telephone advice	1.50
History and physical examination	25.00
Written opinion	10.00 up
Consultation	25.00 up

Consultation with Metropolitan Water District representative: According to time consumed.

Emergencies—intoxication, poisoning, asphyxiation, etc..... 10.00 up

Night work (when called between 8 p. m. and 7 a. m.): Twice ordinary schedule.

Minor operations..... 5.00 up

Major operations (subject to special conditions) 150.00

"In view of the fact that the bills will be paid by the Water District, and that losses through uncollectible accounts will be eliminated, there will be a courtesy discount of 33⅓ per cent from this minimum fee schedule.

"The schedule for laboratory and x-ray fees was published in the *Bulletin* of May 19. It is also subject to the 33⅓ per cent discount.

"Bills should be rendered to the Water District for the full amount and they will deduct the discount.

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"The following regulations have been given to the employees of the Metropolitan Water District:

"Regulations.—Employees desiring medical attention will procure from the Water District a form similar to that shown below, two copies of which will be handed to the attending physician, who will mail one to the Metropolitan Water District on the completion of the case, or at the end of the month if the patient is still under treatment, and retain the other for his records.

"If in order to establish the diagnosis it becomes necessary to do more extensive history and examination work than is required at an ordinary office visit, or if special consultation or major operation is required, separate order forms must be furnished the doctor. In case of major operations, which would not ordinarily come within the minimum shown, the physician should take the matter up with the person signing the original order to have an understanding as to just what the charge will be. Reasonable latitude will be allowed the doctor in cases of emergency where delay might jeopardize the patient's life.

"In case the doctor decides that hospital attention is necessary, order will be issued by the Water District on the particular hospital requested by the employee, in accordance with the following schedule:

"'Bed in ward, \$4.50 per day.

"'In case doctor states it is necessary to have private room, maximum of \$6 per day.

"'Where necessary, cost of operating room will be allowed, as well as expenditures in connection with medical supplies and other expenses outside of the regular room and board.

"'Private nurses will be furnished in such cases as are deemed absolutely essential by the physician.'

"In case an employee desires accommodations in excess of this, the difference must be borne by the employee. In case of severe illness, in which hospital accommodations are not convenient, and if the employee's home is in the vicinity of his work, a nurse may be sent to his home, the expense being borne by the district; such expense, however, to be no greater than if he were sent to a hospital.

"Provisions will be made for artificial limbs and eyes under certain circumstances.

"Prolonged Sickness or Injury.—In case of prolonged sickness or injury, medical, surgical, and hospital services under this coöperative arrangement shall not be furnished in excess of one year.

"Employee Must Remain Under Observation.—When a sick or injured employee has left the service or the vicinity so that he can be no longer under observation by the officials of the district, any benefits to which he may otherwise be entitled under these regulations shall cease, but so long as he remains under supervision of the local physician employed by the

district, within the limit of one year after the accident or the commencement of his illness, such medical, surgical, and hospital services as he may be entitled to under these regulations and not covered by the Workmen's Compensation, Insurance and Safety Act of 1917, as amended, may be furnished and paid for from the medical fund.

"Obedience to Physician's Orders.—Employees should obey the orders of the physician regarding treatment, and if disobedience of such orders results in an increased cost of treatment, the excess cost will not be paid by the district.'

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"The following is quoted from the letter which the committee addressed to the Metropolitan Water District:

"This schedule is submitted to your organization as the result of careful consideration by a special committee with the understanding that it is an attempt to arrive at a satisfactory basis for rendering proper medical care, together with fair compensation for the same.

Principle of Operation

"It is understood that the practice of medicine and surgery by each member of the Los Angeles County Medical Association is an individual matter, and this schedule is in the form of a recommendation only to our members.

"It is also understood that the fees as submitted are distinctly below the average of the approved fee schedule for private practice, and our purpose in this instance is motivated entirely by an effort to do our part in properly caring for the health of that portion of our population whose earning capacity and inadequate budgeting of their earnings might otherwise deprive them of proper care, or cause them to become indigent and thus be thrown upon the county taxpayer for such care as required.

"These fees are for the care of ordinary, or what might be termed "typical" illness, by the general practitioner. Special circumstances will call for special arrangements regarding remuneration. Specialists' fees are not included in this schedule. Consideration is also to be given to cases in which unusual time is consumed in visits, whether in the office or elsewhere.'

"It is also the understanding that if the physician whom the employee desires to treat him does not care to render services in accordance with this schedule, he may submit bills to the Water District in accordance with the schedule and arrange with the patient to pay any excess.

Instructions

"Each employee paying a hospital fee and desiring medical, surgical, or hospital attention should be furnished with forms, to be presented to the physician before treatment begins.

"If in order to establish the diagnosis it becomes necessary to do more extensive history and examination work than is required at an ordinary office visit, or if special consultation or major operation is required, separate order forms must be furnished to the doctor.

"The Metropolitan Water District of Southern California will not pay the cost of treatment of chronic or venereal diseases, nor of injuries received which are the result of alcoholism or misconduct, nor for dental work, nor for the examination for or the fitting of glasses or the furnishing of glasses, except in case of accidents not covered by the Workmen's Compensation, Insurance and Safety Act of 1917, as amended.

"No encouragement should be given to employees to call a physician to treat trivial ailments simply because they have paid a hospital fee

"Physicians are requested and expected to coöperate with the district in limiting treatment to those who are legitimately entitled to it."